## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>8-12-10</u>	Address:	229 EAST JEFFERSON ST	
Case #:	<u>45-51642</u>		<u>FREDERICKSBURG</u>	
County:	WASHING TON		<u>INDIANA</u>	
Type of Laboratory Seizure (check one)  ☑ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location ( Residence Outbuilding Vehicle	check all that apply)  If I I I I I I I I I I I I I I I I I I	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply)  Lithium/Ammonia Reaction(s):				
Red Phosphorous/lodine Reaction(s):				
☐ Flammable Solvents: <u>BEDROOM/KITCHEN</u>				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
☐ Hydrochloric Acid Gas Generator(s):				
Corrosive Acid:				
Corrosive Base:				
☐ Other (item and location): RED P & IODINE/ BED RM				
Child under age 18 discovered (check one)  ☐ Yes (number present)  ☐ No  *If yes, fax report to Child Protective Services		☐ Ephedrin☐ Retail/Mo	Investigative Information ☐ Ephodrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☑ Other:SEARCH WARRANT	
This report is to be faxed to the following agencies that serve the location:				
Health Depa	ment: <u>POSEY TWP</u> artment: <u>WASITINGTON</u> ction Service: <u>WASITINGTON</u>	Fax: <b>§</b> 12-8 Fax: <u>812-7</u> Fax: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: K. SMITH Phone 812-246-5424				

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.